## EXAMPLE: COVER LETTER FOR LARGE GROUP STANDARD MASTER CONTRACT

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Contract Number:

ABC123-06

Product Name:

ABC Health

Proposed Effective Date:

August 1, 2006

#### Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Large Group Contract
- Group Application
- Member Application
- Certificate of Coverage

#### (The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEAL	TH MAIN	ITENANCE OF	RGANIZAT	ION TRANS	MITTAL
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7. Ph	ELA BARNES	MANAGER, CONTRACTS		Disapproved			
	) 000-0000	<b>8. Fax #</b> (000) 000-0000		Acknowledged			
9. E-I		10. Purpose of Filing		State Tracking #			
	RNES@WACARRIER.COM	TO FILE LARGE GROUP	STANDARD		RACT		.00000000000
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	☐ Form B – Network Enrollment						
	☐GeoGraphic Network Report						
15.	☐ Other	•					
16.	☐ Small Group						
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INS-1120 Revised 5/06 5-2

## EXAMPLE: COVER LETTER FOR LARGE GROUP PUBLIC RATE FILING

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name

also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Large Group Rate Filing - Public Rate Schedule

Effective Date: August 1, 2006 Form Number: ABC123-06

(If multiple form numbers, list all on a separate sheet)

### Dear Actuary:

Enclosed is the Large Group Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely, Washington Carrier

Revised 5/06 5-3

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		Please note that rate filings and form filings must be submitted together for new plans							

INS-1120 Revised 5/06 5-4

# EXAMPLE: COVER LETTER FOR LARGE GROUP PROPRIETARY RATE FILING

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name

also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Large Group Rate Filing - Proprietary

Effective Date: August 1, 2006 Form Number: ABC123-06

(If multiple form numbers, list all on a separate sheet)

#### Dear Actuary:

Enclosed is the Large Group Rate filing for your review. The documents included in this filing are:

- Large Group Rate Manual and Rating Formula
- Filing Document Summary WAC 284-43-950
- Rate Exhibit
- Illustrative Examples

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEAI	TH MAIN	ITENANCE	E ORGANIZA	TION TRANS	MITTAL		
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INS-1120 Revised 5/06 5-6